APPLICATION FOR A **ALPHA PHI ALPHA FRATERNITY**LICENSE PLATE

Remit a \$30.00/\$60.00 check or money order with this application.

 Regular Alpha Phi Alpha Fra 	ternity <u>\$30.00</u>	Personalized Alpha	Phi Alpha Fratern	ity <u>\$60.00</u>	
NOTE : You are allowed four (4) spaces for a personalized message			A P		
When applying for a Personalized Alpha only four (4) spaces for a Personalized numbers only. Choice cannot be a personal consecutive numbers only.	nessage. The four spaces may be a cot conflict with another class of lice	combination of letters nse plates.	and numbers but car	nnot be 4	
Home	NAME (To agree with certificat		the regular lice	nse fee.	
	FIRST	MIDDLE	I	LAST	
AREA CODE-TELEPHONE NUMBER					
Office/Cell	ADDRESS				
AREA CODE-TELEPHONE NUMBER	CITY	STATE	ZIP CODE		
	Current North Carolina				
	Plate Number	Vehic	Vehicle Identification Number		
	Driver License #	Year	Model Mak	e Body Style	
	Owner's Certification of Lia	bility Insurance			
I CERTIFY FOR THE MOTOR VE	HICLE DESCRIBED ABOVE THAT I HAV	E FINANCIAL RESPON	SIBILITY AS REQUIRE	D BY LAW.	
PRINT OR TYPE FULI	NAME OF INSURANCE COMPANY AU	ГНОRIZED IN N.C. – NC	T AGENCY OR GROUP		
POLICY NU	MBER – IF POLICY NOT ISSUED, NAME	E OF AGENCY BINDING	COVERAGE		
SIGNATURE OF OWNER			DATE OF CERTIFI	DATE OF CERTIFICATION	